

Disclosure Report Cover

Amendment

☐ Yes ☒ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information.

1. Committee Information	
a. Full Name COMMITTEE TO ELECT DON MOFFITT	c. ID Number
b. Mailing Address (include City, State and Zip Code) PO BOX 1168 DURHAM, NC 27702	d. Date Filed 01/05/2009
	e. Phone Number

2. Report Year 2008	3. Period Start Date (mm/dd/yy) 10/19/2008	4. Period End Date (mm/dd/yy) 12/31/2008	5. Treasurer Full Name MARILYN BUTLER
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		10. Special Report Name		
<input type="checkbox"/> Booster Fund				
<input type="checkbox"/> Building Fund				
<input type="checkbox"/> Other:				
8. Number of Fundraisers this Report 0				

11. Account Information		11. Account Information	
a. Financial Institution Full Name MECHANICS & FARMERS BANK		a. Financial Institution Full Name	
b. Purpose CHECKING ACCOUNT	c. Account Code 101	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 2,364.80		d. Period Begin Balance \$

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

MARILYN K BUTLER Marilyn K Butler 01/05/2009
Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: Jan 5, 09 Employee: m.ale Delivery Method
☐ Normal Mail
☐ Registered Mail
☒ Hand Delivered
☒ Electronically Filed

Date Postmarked: RECEIVED Employee: _____
☐ Signer has not received mandatory training

Date Scanned: JAN 09 REC'D Employee: _____

Date Data Entered: IN PERSON Employee: _____

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-F) to make committee changes.

Detailed Summary

Amendment
☐ Yes ☒ No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
COMMITTEE TO ELECT DON MOFFITT		2008 Fourth Quarter			
Start of Election Cycle: January 1, 2008			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 2,364.80		\$ 0.00
RECEIPTS					
5) Aggregated Contributions from Individuals		(CRO-1205)	\$ 0.00		\$ 829.07
6) Contributions from Individuals		(CRO-1210)	\$ 103.35		\$ 21,440.55
7) Contributions from Political Party Committees		(CRO-1220)	\$ 0.00		\$ 0.00
8) Contributions from Other Political Committees		(CRO-1230)	\$ 0.00		\$ 100.00
9) Loan Proceeds		(CRO-1410)	\$ 0.00		\$ 500.00
10) Refunds/Reimbursements to the Committee		(CRO-1240)	\$ 100.00		\$ 100.00
11) Other Receipt Sources					
11a) Interest on Bank Accounts		(CRO-1250)	\$ 0.00		\$ 0.00
11b) Contributions from Not-For-Profit Organizations		(CRO-1250)	\$ 0.00		\$ 0.00
11c) Outside Sources of Income		(CRO-1250)	\$ 0.00		\$ 0.00
11d) Legal Expense Fund - Other Sources		(CRO-1270)	\$ 0.00		\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)			\$ 203.35		\$ 22,969.62
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		(CRO-1310)	\$ 0.00		\$ 10,468.24
13b) Contributions to Candidates/Political Committees		(CRO-1310)	\$ 0.00		\$ 550.00
13c) Coordinated Party Expenditures		(CRO-1310)	\$ 0.00		\$ 0.00
14) Aggregated Non-Media Expenditures		(CRO-1315)	\$ 0.00		\$ 67.10
15) Loan Repayments		(CRO-1420)	\$ 0.00		\$ 500.00
16) Refunds/Reimbursements from the Committee		(CRO-1320)	\$ 103.35		\$ 4,467.19
17) In-Kind Contributions		(CRO-1510)	\$ 103.35		\$ 4,555.64
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)			\$ 206.70		\$ 20,608.17
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$ 2,361.45		\$ 2,361.45
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees		(CRO-1330)	\$ 0.00		
21) Outstanding Loans (incl. ones from other campaigns)		(CRO-1430)	\$ 0.00		
22) Debts and Obligations owed by the Committee		(CRO-1610)	\$ 0.00		
23) Debts and Obligations owed to the Committee		(CRO-1620)	\$ 0.00		
24) Account Transfers Within the Committee		(CRO-1720)	\$ 0.00		
25) Administrative Support		(CRO-1710)	\$ 0.00		\$ 0.00
26) Forgiven Loans		(CRO-1440)	\$ 0.00		\$ 0.00
27) 48-Hour Notice Reports Sum		(CRO-2220)	\$ 0.00		\$ 0.00
28) Contributions to be Refunded		(CRO-1215)	\$ 0.00		\$ 0.00

RECEIVED

JAN 09 REC'D

IN PERSON

Contributions from Individuals

Pg 1 of 1

Amendment

☐ Yes ☒ No

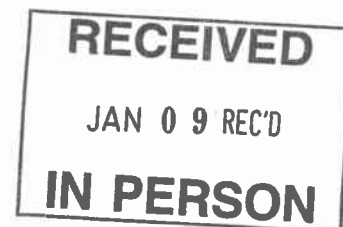
Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT DON MOFFITT					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
DON MOFFITT 2114 WILSON ST DURHAM, NC 27705			RETAIL CONSULTANT		
			c. Employer's Name/Specific Field		
			SELF-EMPLOYED		
			e. Election Sum to Date		
			\$		0.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	101	In-Kind	WEB PAGE HOSTING BOUGHT FOR	12/29/2008	\$ 103.35
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 103.35
5. Total of ALL CRO-1210 Pages					\$ 103.35
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

CRO-1210

NC State Board of Elections

April 2007



Refunds/Reimbursements To the Committee

Pg 1 of 1 Amendment ☐ Yes ☒ No

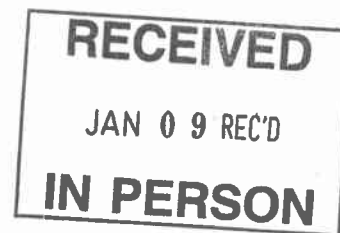
Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Fund if applicable)			2. ID Number	
COMMITTEE TO ELECT DON MOFFITT				
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		g. Comments
PRICE FOR CONGRESS COMMITTEE PO BOX 1986 RALEIGH, NC 27602		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		
		<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		h. Original Expenditure Date		
		09/25/2008		
		i. Original Expenditure Amt		
		\$		100.00
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose		j. Election Sum to Date
		CHECK NOT DEPOSITED WITHIN 10 DAYS THEREFORE		\$ 0.00
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
101	Check		11/20/2008	\$ 100.00
4. Total only this Page				\$ 100.00
5. Total of ALL CRO-1240 Pages				\$ 100.00
<i>(This line must be on line 10 of Detailed Summary Page CRO-1100)</i>				

CRO-1240

NC State Board of Elections

December 2007



Refunds/Reimbursements From the Committee

Pg 1 of 1

Amendment

☐ Yes ☒ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT DON MOFFITT					
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		g. Comments	
DON MOFFITT 2114 WILSON ST DURHAM, NC 27705		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Receipt Date	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		12/29/2008	
				i. Original Receipt Amount	
				\$ 103.35	
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code		j. Election Sum to Date	
RETAIL CONSULTANT	SELF-EMPLOYED	P		\$ 0.00	
k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
101	Check	WEB PAGE HOSTING PAID FOR FOR COMMITTEE	12/29/2008	\$ 103.35	
4. Total only this Page				\$ 103.35	
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)				\$ 103.35	
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit					
P* - Reimbursement of In-Kin O* Other					
* Codes require detailed explanation in required remarks field (m)					

CRO-1320

NC State Board of Elections

July 2007



In-Kind Contributions

Pg 1 of 1 Amendment ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
COMMITTEE TO ELECT DON MOFFITT			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
DON MOFFITT 2114 WILSON ST DURHAM, NC 27705		<input checked="" type="checkbox"/> Individual	
		<input type="checkbox"/> Candidate	
		<input type="checkbox"/> Party	
		<input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum	
		<input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date	
		\$ 0.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
WEB PAGE HOSTING BOUGHT FOR COMMITTEE		12/29/2008	\$ 103.35
			\$
			\$
4. Total only this Page		\$ 103.35	
5. Total of ALL CRO-1510 Pages		\$ 103.35	
(This line must be on line 17 of Detailed Summary Page CRO-1100)			

CRO-1510

NC State Board of Elections

December 2007

